Percy, Constance 1998

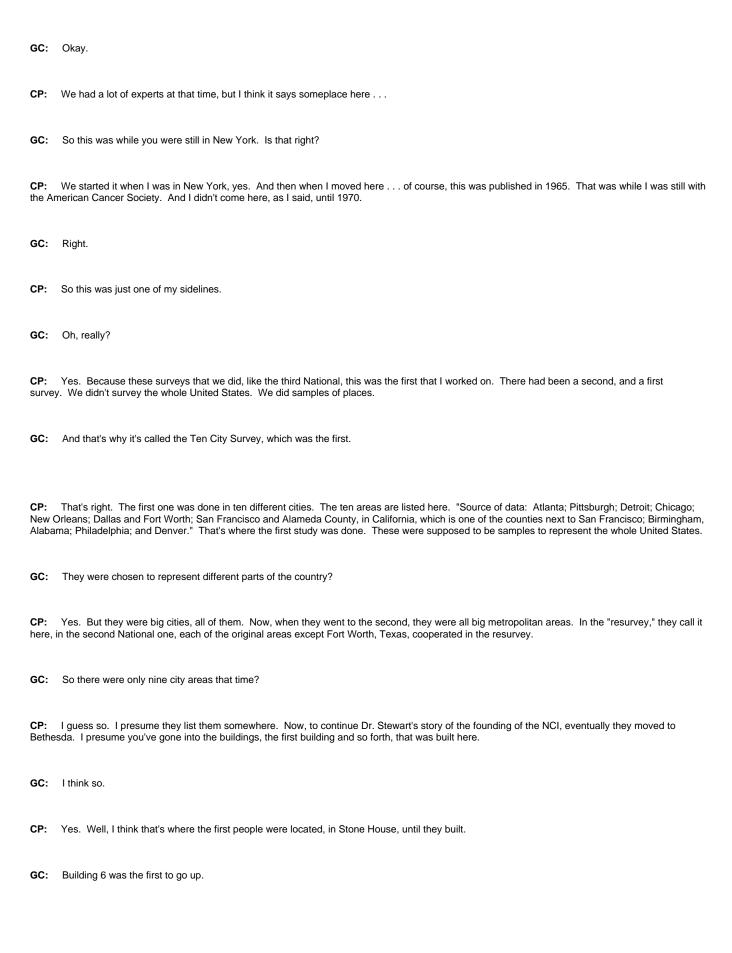
Dr. Constance Percy Oral History 1998

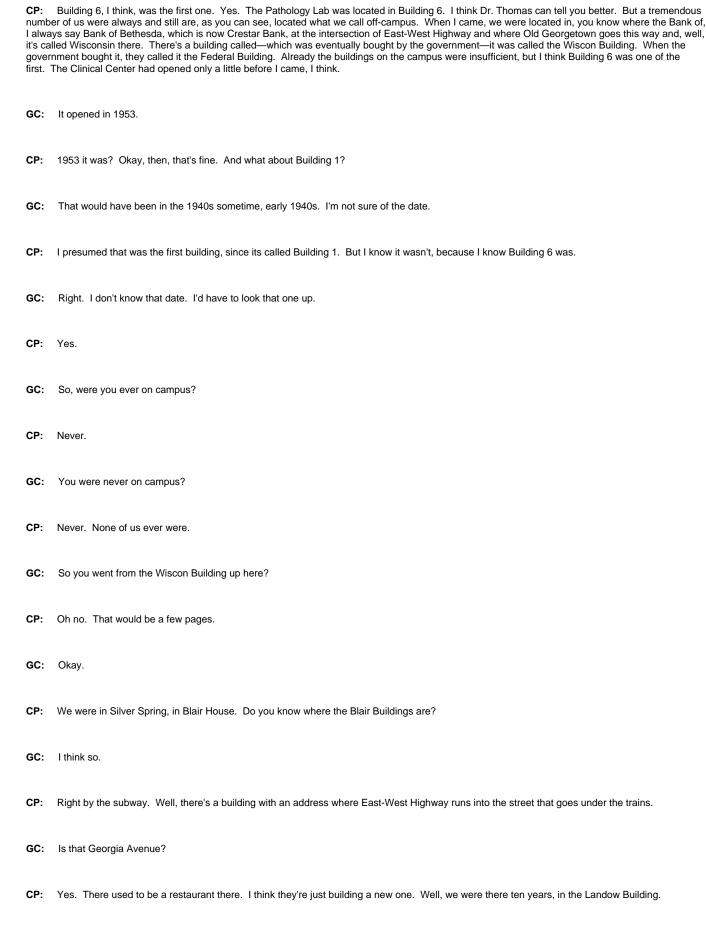
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Nation	nal Cancer Institute History Project
Interv	iew with Constance Percy
Cond	ucted on July 16, 1998, by Gretchen Case
Dr. Pe	ercy's Office, Rockville, Maryland
GC:	Could you just say your name so I can check the voice levels?
CP:	This is Constance Percy.
GC:	All right.
CP:	I have a [business] card.
GC:	Oh, good. This is Gretchen Case, talking with Constance Percy. Today is July 16, 1998, at 11:00 a.m. in her office in Rockville, Maryland, at
Execu	tive Plaza Offices of the National Cancer Institute.
CP:	Do you need more than one?
GC:	I think one will be great! Thank you.
CP:	Okay.
GC:	I'll trade you.
CP:	The card gives my exact title.
GC:	Expert on classification and nomenclature of neoplasms. [Reading off card]. That's great. You're an expert!
CP:	Yes, I'm an expert. [Laughs]
GC: cance	Well, do you want to start by just telling me how you came in to cancer research in general, what your background was and what brought you to research.

CP: Yes. Well, I lived in New York for fifty years. During that period, after my husband died I needed to go to work, because I had two little children. I got offered a job with the American Cancer Society. I went to work for them in 1947 and I worked there for over twenty years, until 1970, when I was asked to come to interview at the National Cancer Institute for a position here. Dr. Thomas, who you know, who I had been already working with on some projects, sponsored me, and Dr. John Berg, who I told you about.

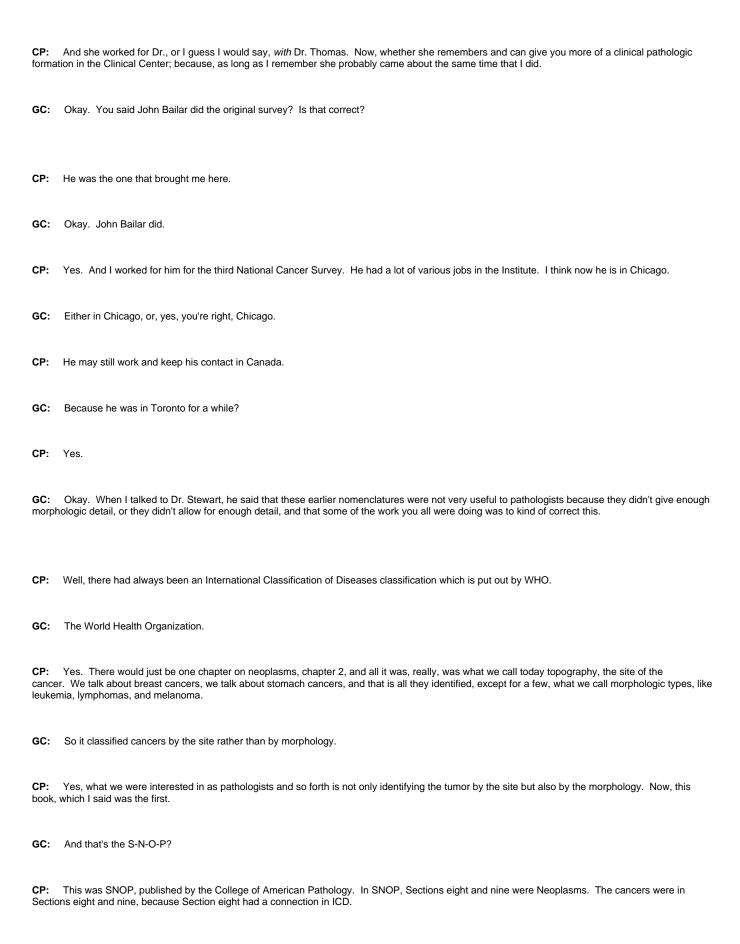
GC: And he's in Denver right now?
CP: And the biggest persuasion was that my daughter, my youngest daughter, was already living here, because she had gone to American University and she stayed on for graduate the year that I moved here she got married to somebody from here and they lived here as well as I did. So, that's why I came.
And at the time, Dr. John Bailar was just starting the third National Cancer Survey. There had been previous ones in 1944 ^[1] and 1955 ^[2] . The first one was done by Dr. Harold Dorn, which we call the first National Cancer Survey, and the surveys were to determine the incidence of cancer in the United States. Naturally we couldn't collect every case in the United States, so they had to do a sample. So, this is all recorded in the first National Cancer Survey by Dr. Dorn.
I believe they wanted to do this every ten years and, unfortunately, Dr. Dorn died. So in 1955 the second National Cancer Survey was started and this is all elaborated.
If you want to know about the ten city studies, the introduction of these books tells you. Illness from Cancer in the United States and Morbidity from Cancer in the United States.
And, as I said, when I asked one girl who was here before I was, four or five years before, I said, "Did you participate in the first National Cancer Survey?" And she said, "That was the year I was born." So, she was very insulted.
Now, naturally, we used to hear there was a very learned man as head of the Pathology Department, Dr. Harold Stewart, and he was one of the founders of the NCI. And, unfortunately, he died only a few months ago, so if you had started this six months ago, he would have told much better than I can tell you about the formation of the NCI, which took place originally in Boston, at Harvard. There was no campus or anything here. So, I think they worked out of Harvard for a few years and then they got a place here. There should be people, there are a few people who are old or older than I am that might tell you better. Dr. [Joseph F.] Fraumeni, have you ever heard of him?
GC: Yes.
CP: Of course, he's here a long time. And you are going to contact Dr. Thomas from the Pathology Lab.
GC: Right.
CP: And we were interested, I had worked with Dr. Thomas on nomenclature when we published Systematized Nomenclature of Pathology. This was an effort of the College of Pathology, which is located in Chicago.
GC: This is the Systematized Nomenclature of Pathology.
CP: Yes. Get to the first page. This is all stuck in. [Looking through a book] These were the original pathologists who worked on this book.
GC: This is the front page of the book.
CP: Yes. It was a committee of pathologists and me. I was the only nonpathologist except my boss, Dr. [Cuyler] Hammond, who was from the American Cancer Society, and as I told you, I worked for the American Cancer Society. So when he heard of this project, he assigned me as a member of the American Cancer Society to work with these people. They actually worked at the American Cancer Society with me because they needed my technical expertise.

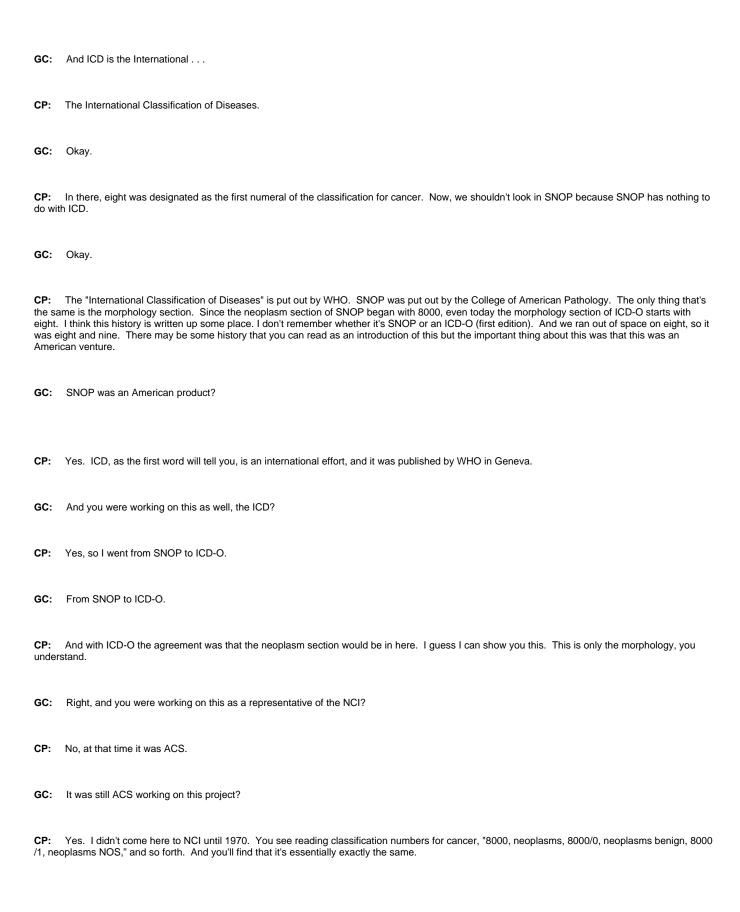




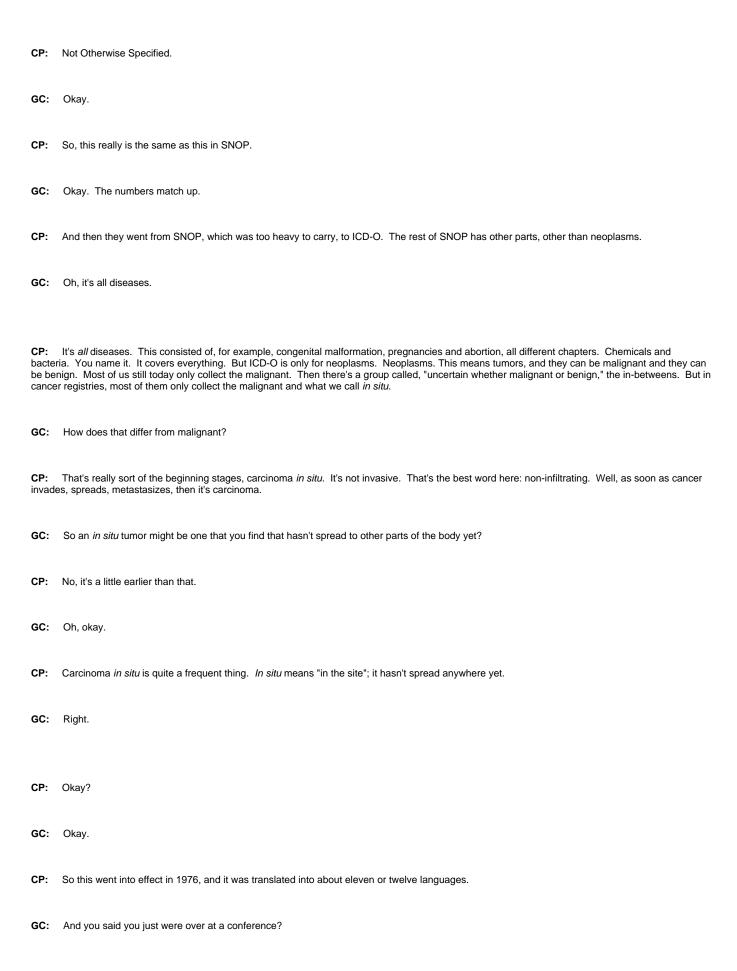
GC:	I didn't realize there were so many offices spread out.	
CP: Yes. Well, eventually we were driven out by Mr. [Nathan] Landow. Of course, he could, they got, the government got it real cheap the first time, because he wanted to occupy it quickly. And then he counted the days until he could get us out, because, of course, it was a fixed rent then and it was very cheap. If they'd get the government out, then they could get in and raise the rents. So, I don't know who is there now. But then I think we were in the Landow before the Blair Building. We went to the Blair Building and then, I think, we, so that's already we had the Federal Building, the Blair Building		
GC:	The Landow.	
CP:	But you're more interested in where the Cancer Institute was. But that was always on the [main] campus, so that's good for you.	
GC:	Yes. Was your training, did you have a background in statistics or epidemiology before you came to the NCI?	
CP:	Yes, yes. I have a degree in public health. Before I came to the Cancer, to the American Cancer Society.	
GC:	Yes. And were you familiar with cancer in particular, or was this just an opportunity?	
	Not when I got my degree. I mean, we were trained in all diseases. But when I went to the American Cancer Society, that was the first time I ever lized in cancer. But I've been there ever since, from 1947 and we're now in 1997, 1998, so it's a long time: fifty years.	
GC:	Yes, it is. So, how was it making the transition from ACS to NCI? Was that a pretty smooth transition?	
	Yes, because I maintained through this nomenclature specialty I developed contacts [that are] still there. The American Cancer Society and orked together, even though the American Cancer Society's primary thing is to raise money. But they had one small, I guess you'd call it, research the statistics was.	
I guess I should say that way back, probably of historical interest, in 1947, when I went to the American Cancer Society. The Society conducted a small study on men—I think they had to be between forty and fifty, and their smoking habits, and it was that very first study which, I guess some place I have a copy of or you certainly can get it in the library, was a study on the people who smoked. We chose men because they had the highest lung cancer rates, we felt they were the most concentrated, or had the highest incidence, let's say, of smoking. We started following them to see who died of lung cancer an everything else. I was always in charge of the death certificates part and of seeing what they died of. Because that was the main thing we were concerned with. The results were so startling. That all these men who smoked were the ones who died early. That was the beginning of some sort of proc that smoking caused not only cancer and heart disease but even other things.		
GC:	That was the first study that really showed that link?	
CP:	Yes. And I remember when we reported it, it was at an AMA meeting and, of course, it received great publicity.	
GC:	Were you there for that meeting?	
	Yes. You know, that started it. At the same time Ernst Wynder was doing research and I had known him because the first job I said I worked at American Cancer Society, I worked at Memorial Hospital, Sloan-Kettering, in New York, in their Cancer Registry, to train to be a cancer registrar. I I'm jumping a little around.	

GC:	That's fine.
	But that was really one of the first cancer registries. There was one in Connecticut, which Eleanor MacDonald and her sister Mary Mary came to fork and ran the Registry at Memorial Hospital, and that was whom I first went to work with. I mean, I was assigned—it was a joint thing, by the can Cancer Society—to work there with her and that was when I got into cancer registries.
GC:	So it sounds like this was the very beginning of cancer registries in general.
	Yes, it was. Connecticut has always claimed being the first Cancer Registry, and I guess it was, because they had their fiftieth anniversary, oh, some time ago.
GC:	Do you know what prompted this interest? Why all of a sudden was there an interest in having cancer registries?
CP: annive	Well, I think, I don't know if it's documented. I have a book—it may document this a little better—that was put out at the time of the fiftieth ersary of the Connecticut Cancer Registry, and the man, Jack Flannery, who just retired last year, I think he could give you more details.
GC:	And he was with the Connecticut Cancer Registry in Hartford, Connecticut?
Stewa	Yes, and Massachusetts Cancer Registry in Boston, they were interested. But you see, their interest with Louis Thomas being there and Dr. art being there. That was much more the formation of NCI. You can get from him [Dr. Thomas] more of the details. I looked at Dr. Stewart's obituary infortunately, he didn't tell all the details about forming the Institute, I mean, that obituary doesn't.
GC:	Yes, it doesn't give very much. I've seen it.
CP:	You saw it?
GC:	Yes, I had hoped to interview him, but he was already very ill by the time I contacted him.
CP:	That was too bad, but, you see, Dr. Thomas took over as head of the laboratories from him, and you're going to go and see him.
GC:	Yes.
CP: the Pa	But certainly, a young person at the time who I was with yesterday and am doing work with now is Dr. Elaine [S.] Jaffe who is still a pathologist in athology Department.
GC:	And she worked with you all on the second and third surveys?
CP:	No. She had nothing to do with it. She is just a pathologist.
GC:	Oh, okay.





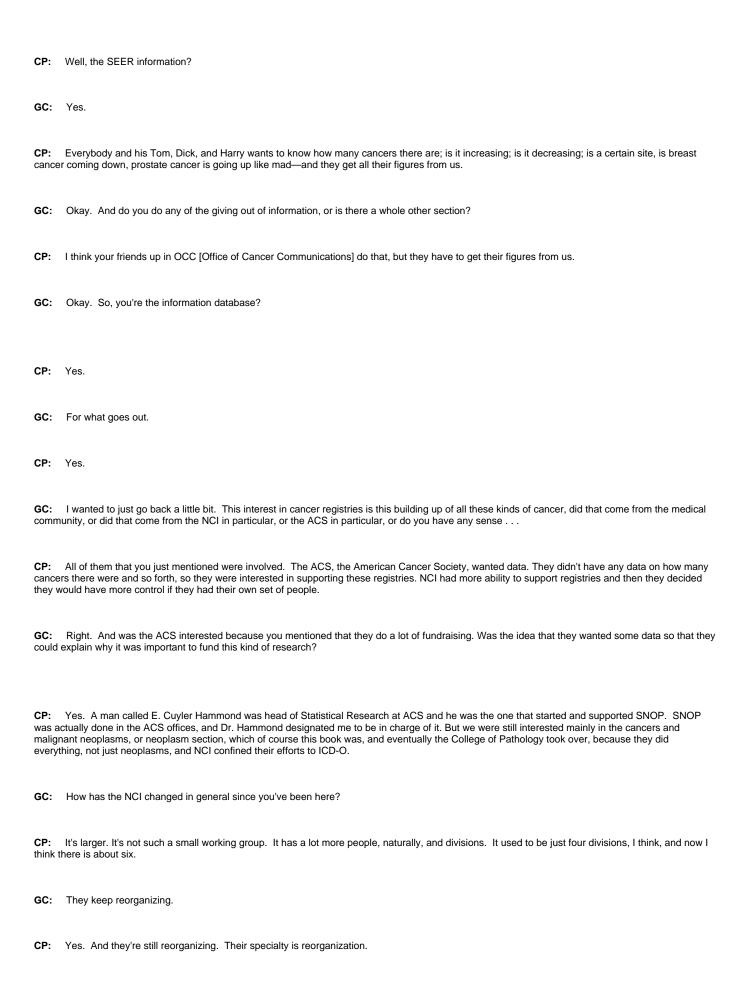
GC: Okay. What does NOS stand for?



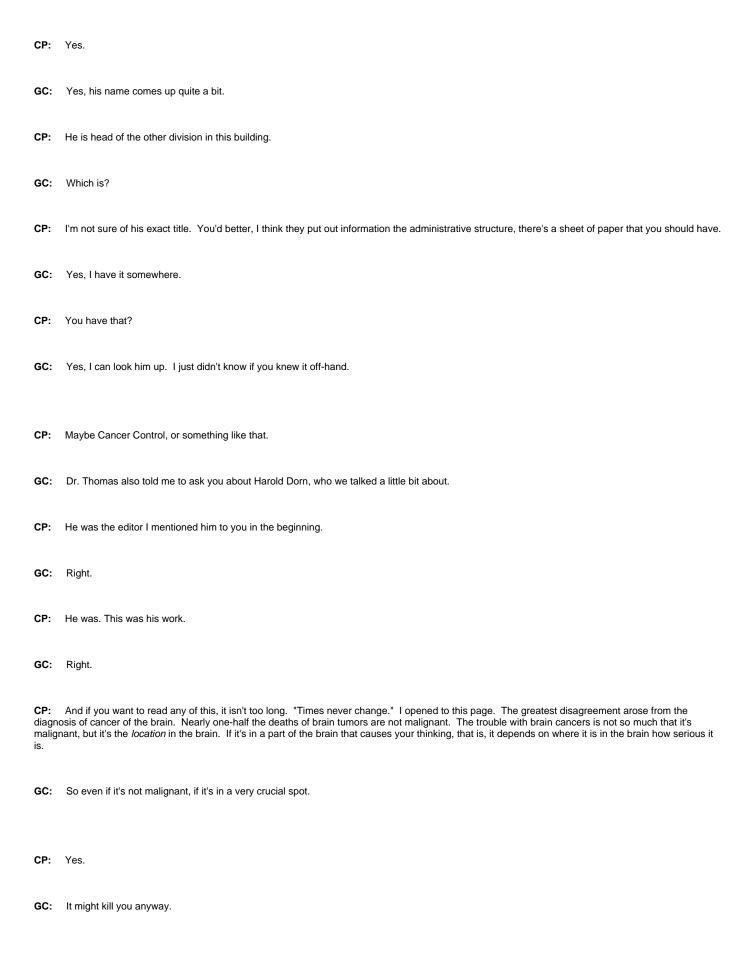


CP: It tells you in the Introduction, "beginning here the first code manual which was published by the American Cancer Society, the Manual of Tumor Nomenclature and Coding."		
GC:	And that's one that you worked on?	
down. which differe added in the	Yes. I have another one previous to this. It gives you a history there for about a paragraph. What I was showing you was, I wanted to show you ople. I may have a map. Anyway, they comprise the state of lowa, and there's Ann Arbor, wait, those are cities. Let me see. I'll write them Iowa, New Mexico. We were particularly interested not so much as random samples, but we wanted certain things, like a lot of ethnic populations, we get in places like New Mexico, for example, the Native Americans. Utah is a state. We got from, you know, from the Mormons, and they're quite nt, so again that was in mind. Now the cities, LA, as I said, is the most recent. In February 1999, the Native American population in Alaska was . We always had the San Francisco Bay area. Detroit, Michigan, is a metropolitan area, and the five counties around Detroit. Atlanta, Georgia was ten, I think they were in the Ten City Survey. I'll give you a map with them blocked out or something when we go back in our office. We also have Georgia. About 14 percent of the United States population.	
GC:	The SEER area represents about 14 percent?	
CP:	The SEER Program now. It used to be 10% but when we took on LA, it increased.	
GC:	By 4 percent?	
CP:	A lot of people there.	
GC:	Yes.	
CP:	I have Utah. We're missing a few here. I'll think of them.	
GC: or cha	Okay. So, how would you say that cancer registries and cancer registration has developed since you've been at the NCI? Have you seen it grow nge?	
CP:	Tremendously.	
GC:	Can you tell me a little bit about that, how it's changed since you came here?	
so in 1 was be him, a of Pub	Well, Connecticut was the only registry. We did the third National Cancer Survey, which you can read. It will tell you what areas were. The national vs were really the basis of the SEER Program. At the end of the Third National Cancer Study, they decided this should be an ongoing project, and 1973 the SEER Program was formed and Dr. Sydney Cutler was the first head. Actually the way I came, one of the reasons they wanted me to come ecause Dr. Young, who was in the program, was going to North Carolina to take his Ph.D. He was only Mister John Young. So I came to replace to the end of the Third National Cancer Survey, to work for Dr. John Bailar, and John Young went and got his Ph.D. Actually, I think he has a Doctor blic Health. When he came back, he took over as the head of the SEER Program from Dr. Cutler. The secretary that was secretary to the division, orks on this floor, right over there.	
GC:	Really?	
CP: detail.	Jenny [Jennifer] Gaegler. She was here when I came, she and another girl, and she might be able to tell you some historical stuff in more She left after a while. She got married and had a family, but now that she has raised her children and they're all grown up, she's back here.	

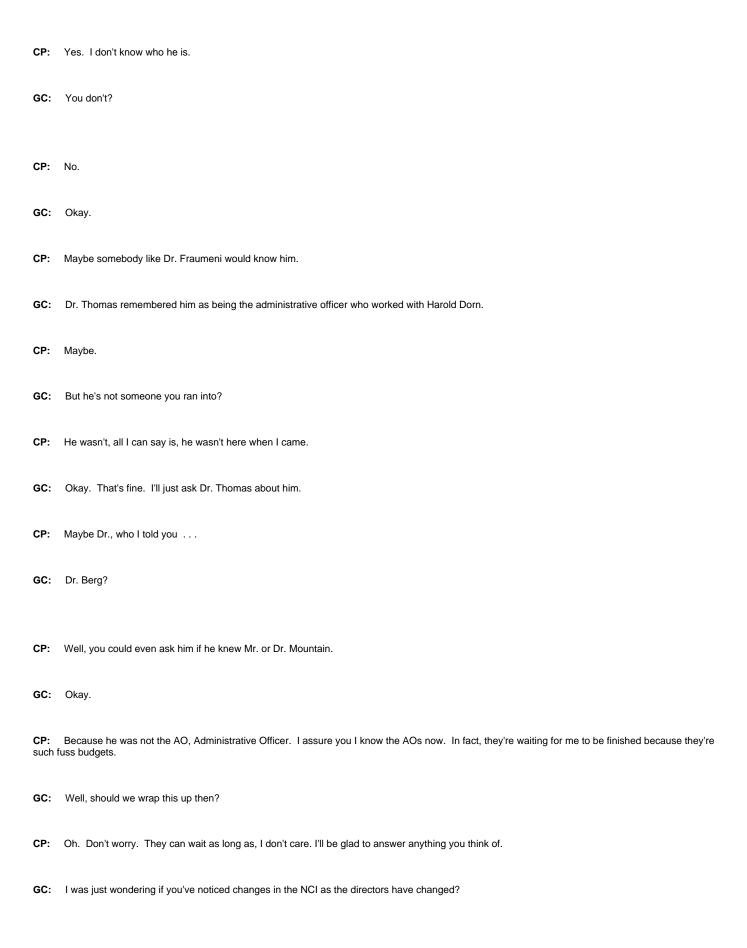
GC:	So, have you worked with the SEER Program since 1973?
CP:	Yes.
GC:	Okay. And that's been your main project here? Or have you worked on others?
CP: seeing	Well, as a sideline, these books. I emphasize, but at first I you know, we go round talking about this morning the quality control of our registries, g that they are doing their work well. This has been out on contract and we just cancelled the contract and we're going to do it ourselves now.
GC:	Oh, really. How's that going to change the program?
aim o	Of course, more money—for <i>us</i> , although we contracted out, so in the long run that's probably the same but maybe it will be less. But since the ization that did it up until now has just been closed, disintegrated, and nowadays the CDC has been much more active in cancer registration. Their riginally was to have a cancer registry in every state, and we always sort of looked down on it because they couldn't possibly maintain the quality that in eleven registries.
GC:	Just spreading too thin if you did every state?
CP:	Yes. And they didn't have the personnel or trained or anything to go around.
GC:	So how exactly is the information collected for cancer registries?
	Well, you have the cancer registry, let's take lowa, one of the original. There usually, the University of Iowa had a registry. It was part of the End ts Program. I think it also was one of the ten city studies, in Iowa, the University. Previous to SEER, or even while SEER was existing, there was thing called the End Results Section.
GC:	The End Results?
CP:	Yes.
GC:	Okay.
CP: in the	And they had various areas also where they collected cancer cases. One of them was the University of Iowa and Connecticut was very active End Results Section.
GC:	And was this a section of the NCI?
CP: replace	Yes, yes, yes. This was one of the sections of the NCI. So eventually the End Results Section was really split up and SEER came along and reall sed it.
GC:	So who is this information most useful to? Can you tell me a little bit about where the information goes once it's collected?



GC:	Not cancer, but reorganization?
	Yes. Well, remember there's Congress giving us a lot more money, because everybody wants the cure for cancer, and they think money will help, they have a big appropriation, so they have to expand to spend this money.
GC:	Now, you came in right before the National Cancer Act was passed.
CP:	Yes, that's right, with Nixon, during the Nixon administration.
GC:	What did you think of all that? What was the atmosphere like when that was passed?
CP:	Well, there was great excitement, because we were getting so much money, and it and the NCI expanded very rapidly.
GC:	Was that a helpful expansion or a positive expansion?
	Yes, because the more you expanded, the more people you had. Remember, there's a big research section and that's rather important going on in nical field and the Pathology Department at NCI.
	How much contact did you have with these other sections? Like did you do any work with people at the Clinical Center directly? Or, I know you lot of contacts.
CP:	Well, I had contacts really only with the pathologists, where I spent practically full time working with them when we were developing these books.
GC:	Right.
	But it was always the pathologists. Nowadays, like I said, I mentioned Elaine Jaffe, we have to do the hematology, and the lymphoma experts. what Dr. Jaffe really is, she's one of the leading lymphoma experts in the world. She's now in the midst of editing what we call a Blue Book.
GC:	A Blue Book?
	That's the WHO publications on the various, usually sites, but lymphoma is a morphologic type. She's doing, I think, both lymphomas and nias. Are you planning to see Dr. Fraumeni?
GC:	He's on my list. I'm not sure if I'm going to get to him or not. I'd like to. Would you suggest that I talk to him?
CP:	Yes.
GC:	He's been around a long time.



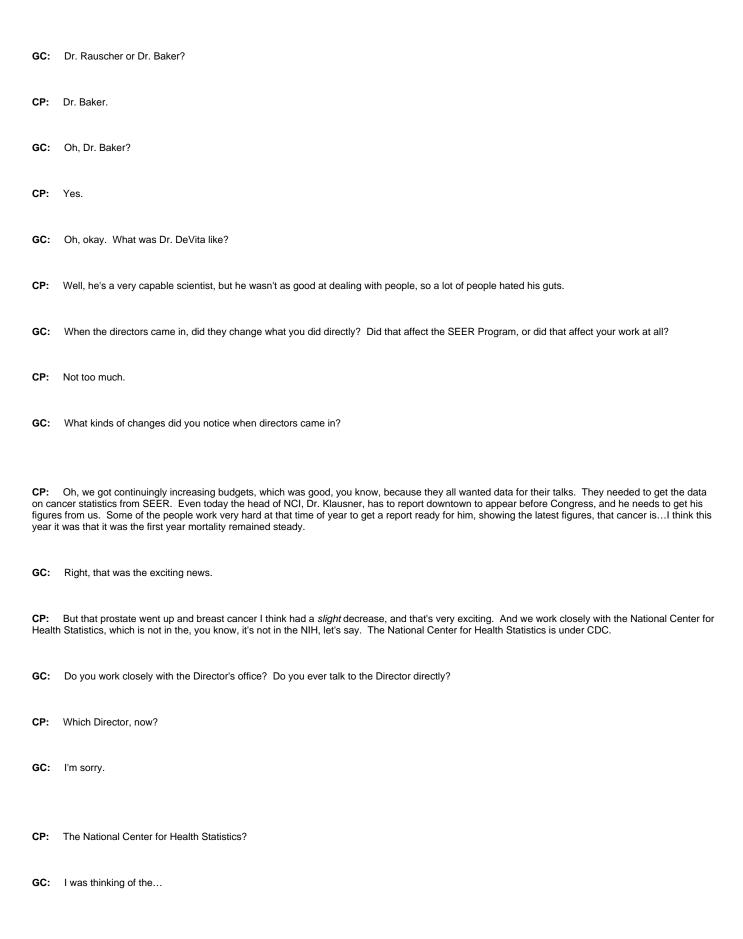
CP:	Yes.
GC:	So was the disagreement over that, whether that was malignant or not? Or over whether it was?
satisfie	Well, even today, at the moment, as I said, we only collect malignant and <i>in situ</i> tumors. Then when it comes to the brain, a lot of people aren't d with that, because we only collect malignant cases of the brain. We had a meeting about a year ago and I think eventually we will some like Connecticut have collected brain tumors for a long time.
GC:	So that includes what might be classified as benign tumors?
CP:	Yes.
GC:	Okay.
	But as I think in maybe with 1998 cases, see, we're usually a couple years behind in collecting the cases. By the time they all come in to a central nd get put on the computer and tabulated, this all takes at least a year and a half. Some places have what's called rapid reporting, but that's really al area.
GC:	Do the doctors report to you? Or is it the pathologists who do the autopsies? Or who?
becaus	In the old days, the first place you went to was the pathology lab and went through all the pathology reports. And one of the big things now is that, se of the way medicine is, you'd have to go to radiography to get the people treated only by x-ray and that weren't operated on, because most of the ion reports go to the path lab to see whether they have a malignant cancer or not.
GC:	Right.
go to a catara that jus	And so, but nowadays the way medicine is practiced, that's why things are changing and we have to change our ways as well. A lot of people don't hospital or be operated on, or they're in outpatient departments. An example, I'll use myself. I don't know if you're familiar but I have to have a ct operation. The first time I had it, I went to Holy Cross Hospital and I had it out. Now the doctor tells me there is an Eye Institute in Silver Spring st specializes in eye and has a full outpatient department, I guess, so you don't have to, unless your doctor feels you have other medical conditions led to be in a hospital, you can go just to this facility. It's evidently much more pleasant. I'll tell you after I've been.
GC:	That's good to hear. I've noticed there are hospitals that specialize just in cancer, too, so that you can go for cancer treatment.
forming	Oh, yes. There always have been. Actually, when I was still at Memorial, I was offered a job, and M. D. Anderson was just being built. They were g the staff and they needed a statistician to be on board and to start a tumor registry. They offered me the job, but I had two little children and I about to leave New York at that time.
GC:	And go all the way to Houston?
CP:	When I finally did, they were grown up.
GC:	The other person Dr. Thomas mentioned was Joe Mountain.



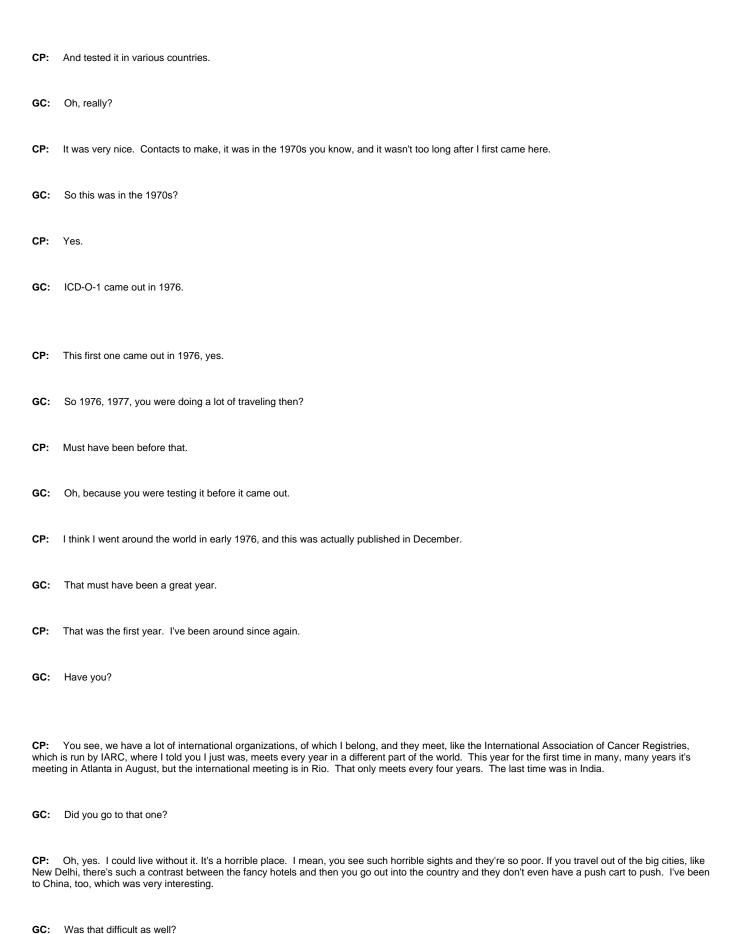
CP:	Oh. I've been through at least ten directors.
GC:	Can you tell me about how things have changed under the different directors? Or who you remember working with?
	I mean, there were people like Carl Baker, who I knew very well. Ken Endicott was a lovely man, and Dr. Heller, who I had known because he ually went to Memorial, to head Sloan-Kettering Memorial. He got a stroke, a very severe stroke, and he was sort of crippled the rest of his life He really couldn't assume the full duties as head of NCI. They must have a list of all the directors.
GC:	Well, Dr. Endicott was director before you came here. Is that right? He was the director in 1950.
CP:	Yes.
GC:	So you knew him anyway, though, just from working with NCI people?
CP:	Yes. But I think he had a connection with Memorial. He became head, he had the stroke while he was at Memorial.
GC:	Heller did? Or Endicott?
CP:	Heller. And there was one man who didn't last very long. I can envision him; I can't think of his name.
GC:	Is that Arthur Upton?
CP:	Yes.
GC:	He came in right after the Act was passed.
CP:	Yes.
GC:	And just stayed a couple of years.
CP:	What was his last name?
GC:	Arthur Upton.
CP:	Upton. Yes, because he went, he was involved with ACS, too.
GC:	Yes, yes. And he's up in New York now.
CP:	Yes. You want to mention some more?

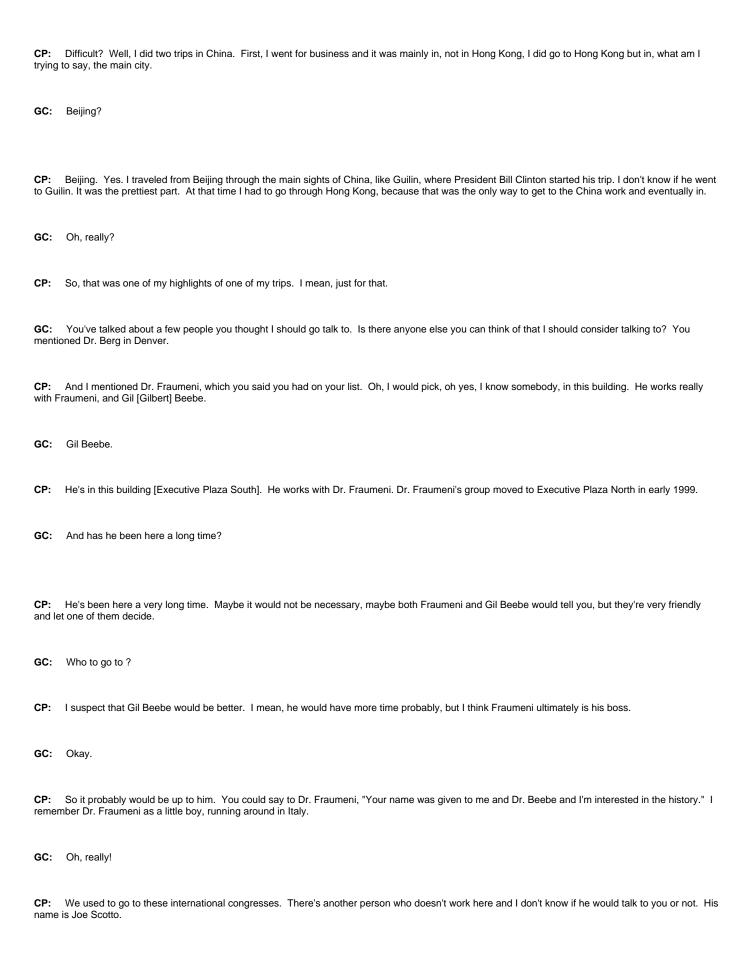
GC:	Sure. After Dr. Upton, Dr. DeVita.
CP:	DeVita. Well, of course, I knew Dr. DeVita, see they all ended up back at Memorial, except Dr. DeVita is in Connecticut, at Yale.
GC:	Yale, and Dr. Rauscher?
CP:	Oh, yes.
GC:	He was before Dr. DeVita. What was Dr. Rauscher like?
CP:	Better not tell you.
GC:	Not your favorite?
CP:	Oh, he was a very nice man. He liked the ladies.
GC:	Oh.
CP:	You might go to visit Sue Hubbard. You know her?
GC:	Sue Hubbard. I've heard her name.
CP:	She's in the Information Section]of OCC. You can go and talk to her. Don't ask her about him
GC:	Don't ask her?
CP:	No.
GC:	Okay. I won't then.
CP: are, y	I always remember when I first came here, there was some sort of retirement party, I guess, for somebody. It was at the Navy— they always stil ou know, in the commissioned officers' club in the Navy.
GC:	Sure, yes.

CP: And I was sitting there like you and I are sitting here, at a small table having cocktails or something. I really didn't know the people very well, and I heard the story about Dr. Baker and I started repeating it, at which Dr. Thomas, who was also there, gave me a kick under the table that nearly broke my leg. That's the story I remember about Dr. Baker.



	Of course, who at present is Dr. Edward Sondik, and Dr. Sondik used to be our boss. He was head of the SEER Program for quite a few years it was first formulated. He became head of the Division of which SEER was under, when we were in the Blair Building.
GC: have a	Okay. Well, when you give information to the directors of the NCI, like for Dr. Richard Klausner, do the two staffs just work together, or do you ever any direct contact?
CP:	What do you mean, two staffs? NCHS?
GC: kind o	No, I was thinking like his office, the SEER office and the Director's office. Do you talk directly to the Director or do his people call your people, that f thing?
CP: the re	What they usually have is a seminar that doesn't fit anymore in this room. Our boss is Dr. Edwards now, Brenda Edwards, and she usually gives bort. Or if you're reporting to the Board, she'll give a report to the Board after we've supplied all the data. But she's our direct boss.
GC:	The only director we didn't talk about is Samuel Broder, who was here for eight years.
CP:	Yes, yes. We always called it the Broder Report. I mean, everyone was terrified of him.
GC:	Oh, it was just so important, or?
CP:	Well, he had a sort of brusque manner, or I wouldn't say kindly. You know, he would bark out questions.
GC:	So it was a little bit stressful?
CP:	Yes, it was very stressful when we met with him. I guess he was one of the longest in office though.
GC:	Yes, about eight years. He and DeVita both were about eight years.
CP:	Yes.
GC:	What do you feel has been your favorite part of working at the NCI?
CP:	Mine?
GC:	Yes, in your career here.
CP:	Well, of course, I love the international work and meeting people all over the world. When we first did this, I went around the world.
GC:	The ICD-O?





GC:	Joe Scotto.
CP: here a	He lives in Upper Marlboro. I know you could get his address or phone number from Dr. Fraumeni. He was here when I came and he had been a while.
GC:	Okay. Sounds good.
CP:	There are a few other people, but I think they will all tell you the same thing.
GC: these	Yes. Okay. Is there anything you'd like to add before I stop the tape? Any questions I haven't asked you about working at the Institute or any of projects in particular?
CP:	Of course, you know that NCI used to be separate from NIH.
GC:	How so?
CP:	What?
GC:	How do you see that?
CP:	Well, there was at one time. I don't know even now whether we are directly under Dr. Varmus.
GC:	It is considered one of the National Institutes of Health. The budget is different.
CP:	Yes. Well, I guess that's what I mean. The budget is separate.
GC:	Right. They have a bypass budget that is totally separate.
CP:	Yes.
GC:	But yes, it's still under the National Institutes of Health.
CP:	It's within the compound anyway.
GC:	Yes, yes. But yes, the money is completely different.
CP:	Yes.
GC:	And that's from that 1971 Act.

CP: Yes, the Cancer Act of 1971.
GC: And there is a separate President's Cancer Panel, and the National Cancer Advisory Board and all that. That was all set up separately, but the NCI is still technically under Dr. Varmus.
CP: There must be, I should think, some other old employees, even within OCC. Somebody like Pat [Patricia] Newman has always been there as long as I have. You see, her husband worked, was in the SEER Program.
GC: Okay.
CP: He was in the Blair Building, when we were in the Blair Building, and he eventually left and went to NCHS. There's a lot of crossing over. [Laughs] Of course, they all employ statisticians and epidemiologists, and that's what we have. So, if you think of something else and want to ask me, I'm here.
GC: Okay.
CP: I won't be here for the next three weeks, because I'm going on vacation, but I do want to give you this list and I want to go in my office and get a list.
GC: Okay. I'll stop the tape.
[1] Harold Dorn, Illness from Cancer in the United States, Public Health Reports, vols. 2, 3, and 4, Reprint #2537, January 14, 21, and 28, 1944.
Harold Dorn and Sidney Cutler, Morbidity from Cancer in the United States, Public Health Mono. No. 56.